

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

9156

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. _____

Township Law

Primary Registration District No. 1007

Registered No. 1338

City Kansas City (No. K.C. General Hosp)

St. _____ Ward _____

2. FULL NAME

Hughes, Merle

(a) Residence. No. 330 S. Bellvue Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 10 da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 - 1910

7. AGE: YEARS 18 MONTHS 1 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Montgomery
(b) General nature of industry, business, or establishment in which employed (or employer) Wards + Co.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Detroit, Mich
(STATE OR COUNTRY)

10. NAME OF FATHER Merle Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lillian Snyder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Pe and Clerk
(Address) K.C. General Hosp.

15. FILED 3/25 2:00 p.m. 1928
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-24 1928

17. I HEREBY CERTIFY That I attended deceased from 3-23 1928, to 3-24 1928 that I last saw her alive on 3-24 1928, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic Cerebrospinal meningitis

18 (duration) yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 4 (duration) yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Cult + Lab. Findings
(Signed) P. E. Williams, M. D.
3-24 1928 (Address) Supt K.C. Genl Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Mar 27 1928

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

